

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

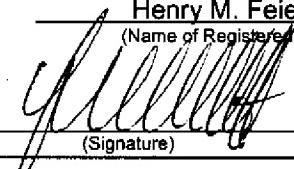
Docket No.: KLAPPROTH

In re PATENT Application of:)	
PETER KLAPPROTH, et al.)	Examiner: Brian T. Gedeon
))
Appl. No: 10/568,601)	Group Art Unit: 3766
Filed: 02/14/2006))
)	Confirmation No.: 9583
For: DEVICE FOR MUSCLE STIMULATION)	

PAYMENT OF THE ISSUE FEE

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
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Date	
	Henry M. Feiereisen (Name of Registered Representative)
	8-22-2008 (Date of Signature)

With regard to the above-entitled application, please find enclosed the completed Issue Fee Transmittal Form PTOL 85b.

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The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No.: 06-0502.

Respectfully submitted

By:


Henry M. Feiereisen
Agent For Applicant
Reg. No. 31,084

Date: August 22, 2008
708 Third Avenue, Suite 1501
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Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**
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20151 7590 06/02/2008

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(Signature)	
August 22, 2008 (Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/568,601	02/14/2006	Peter Klapproth	KLAPPROTH	9583

TITLE OF INVENTION: DEVICE FOR MUSCLE STIMULATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	09/02/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
GEDEON, BRIANT	3766	607-048000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<u>HENRY M. FEIEREISEN</u> <u>2. URSULA B. DAY</u> <u>3</u>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Fides Finanz-Invest GmbH & Co. KG

Timmendorfer Strand, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date 8-22-2008

Typed or printed name HENRY M. FEIEREISEN

Registration No. 31,084

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